

ENROLLMENT FORM MEMBER INFORMATION RECORD

Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
Web site: www.rsa.state.al.us

FOR EMPLOYEES' RETIREMENT SYSTEM USE ONLY

Comments: _____

Check One:

- ☐ **New Member**
☐ **Transfer from another ERS Agency**

Please Print; No Initials

Name: _____
Last First Middle Given Maiden

Social Security Number: _____ - -

Sex: ☐ Male ☐ Female
Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Date of Birth: ____ / ____ / ____

Address: _____
Street or P. O. Box City State Zip

Name of Spouse: _____ **Spouse's Date of Birth:** ____ / ____ / ____
Last First Middle Given

Classification or title of position or elected office you hold: _____

Employing Agency: _____ **Section or Division:** _____

- Are you an Elected Official?** ☐ Yes ☐ No
Have you ever been employed by any agency of public education in Alabama? ☐ Yes ☐ No
Have you ever been a member of the Employees' Retirement System of Alabama? ☐ Yes ☐ No
Were you a member before beginning employment with your current employer? ☐ Yes ☐ No
Have you ever withdrawn contributions from the Retirement Systems? ☐ Yes ☐ No

If you answered yes to any of the preceding four questions, please provide the information requested below, listing most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

I certify that I am not presently a contributing member of any other state supported retirement plan in Alabama and have completed to the best of my knowledge and belief all statements and answers printed herein.

Signature of Member: _____ **Date:** _____

TO BE COMPLETED BY EMPLOYING AGENCY

Employing Agency: _____

Date of Employment: _____ **Annual Salary:** _____

Number of Pay Periods Per Year: _____ **Employment Status** (full-time, ½ time, ¾ time, etc.) _____

Employer Signature: _____ **Date Submitted:** _____

Title: _____

Please type or print giving complete information.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Employees' Retirement System of Alabama to pay, in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby authorize the Employees' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

I agree on behalf of myself, my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Employees' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control.

Signature of Applicant: _____ Date: _____

Please have your signature acknowledged before a Notary Public.

STATE OF ALABAMA, COUNTY OF _____

On this _____ day of _____, 20 ____, personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____

DESIGNATION OF BENEFICIARY PRIOR TO RETIREMENT

In the event that you should die prior to your retirement, your benefit would be disbursed in one of the following ways:

- If you are *any age* with *25 or more years of service* or *over 60* with 10 or more years of service*, your benefit payable is a choice of:
 1. Option 3 monthly benefit (50% allowance) to spouse unless another individual is designated
 2. Return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (October 1 – September 30).**
- If you are *under 60* between 1 and 25 years of service* or *over 60* between 1 and 10 years of service*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous fiscal year (October 1 – September 30).**
- If you are *any age with less than 1 year of service* and the *death was job-related*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to annual earnable compensation of member at the time death occurs.**
- If you are *any age with less than 1 year of service* and the *death was not job-related*, your benefit payable is the return of member contributions and total earned interest plus matching death benefit which is limited to a \$5,000 maximum.

Note: The employee's spouse will receive the benefit specified unless the employee has designated another individual as beneficiary. If no individual has been designated as beneficiary, and there is no spouse, the appropriate lump sum payment will be made to the estate.

* Age 52 for State Police members.

** If the death occurred more than 180 calendar days after the member's last day in pay status, or if the deceased had applied for a refund of contributions, or terminated employment, the lump sum payment would be the same as shown in the last example.